

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2902HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2009
NAME OF PROVIDER OR SUPPLIER LA CASA DE LA VOIE		STREET ADDRESS, CITY, STATE, ZIP CODE 9340 MUSTANG TRAIL STAGECOACH, NV 89429		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on July 6, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was two. Two resident files were reviewed and two employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	H 000		
H 060	<p>Ultimate User Agreement</p> <p>NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons:</p> <p>6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:</p>	H 060		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 060	<p>Continued From page 1</p> <p>10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.</p> <p>This Regulation is not met as evidenced by: Based on record review on July 6, 2009, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 1 of 2 residents (Resident 2).</p>	H 060			

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